

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
-----x

VIOLA PLUMMER,

Plaintiff,

-against-

CHRISTINE QUINN, Speaker of the City Council,

Defendant.

**AFFIDAVIT OF
WAYNE
KAWADLER**

Docket No. 07 CV 6154
(Pauley, J.)

-----x

STATE OF NEW YORK)
 S.S.
COUNTY OF NEW YORK)

Wayne Kawadler, being duly sworn, hereby swears under the penalties of perjury that:

1. I am Senior Advisor to Christine C. Quinn, Speaker of the Council of the City of New York (hereinafter “the Council”). As part of my responsibilities, I have oversight responsibility for the Council’s Administrative Services Division (hereinafter “Administrative Services”) which includes the personnel component of the Council.
2. I submit this affidavit to set forth for the Court the personnel structure and the personnel procedures followed at the Council.
3. Personnel employed at the Council are employed either as central staff who provide services to the Council at large or as a council member’s staff. All personnel who are employed at the Council, be it as central staff or a council member’s staff, are employees of he City of New York (hereinafter “City”).
4. All personnel, when they are hired, are provided with certain materials. For example, there are the NYCAPS New Hire form, a Memorandum Re the Council’s EEO Ethics Training Program, an Application for Employment, Employee Fact

Sheet, I-9 Employee Verification Eligibility, a Receipt of the Council's Policy on Harassment and Discrimination, and a Receipt of the Council's Ethics Manual. Each of these materials identifies Council personnel as either City employees or as employees at the Council. None of these forms refer to any personnel as a council member's employee. Copies of these materials are attached as Exhibit "1".

5. A number of these materials require the signature of the employee. Viola Plummer signed materials which consider her as a City employee, *e.g.* IT 2104 New York State Employees Withholding Allowance Certificate, the City's Office of Payroll Administration's (OPA) Withholding Certificate Affirmation form, Pension Waiver, Residency Requirements form, Management Benefits Fund Application, Conflict of Interest form, Affirmation of her Questionnaire and Agreement Form, and the Council's forms certifying receipt of Council Ethics Manual and harassment and discrimination policy. Copies of these materials are attached as Exhibit "2". Although not attached as exhibits because they are provided directly to the employee by the OPA and not to the Council, an employee's W-2 forms identifies the employer as the City.

6. Some of the materials Viola Plummer signed also refer to her as employed at the Council, *e.g.*, the City Health Insurance Benefits Application and the I-9 Residency Requirements form. Copies of these materials are attached as Exhibit "3".

7. In addition, when a council member wishes to have a person hired, he or she submits a form to the Council's Administrative Services requesting that the appointment be made. The specific language is "[p]lease make the following appointment to my staff". The form submitted requesting the appointment of plaintiff Viola Plummer is attached hereto as Exhibit "4"

8. All personnel who are employed at the Council, be it as central staff or a council member's staff, are employees at will. That is to say that they are not entitled to the pre-disciplinary protections afforded City employees who are members of the competitive Civil Service classification. In addition, no personnel at the Council are members of employee unions and, therefore, are not provided a grievance procedure.

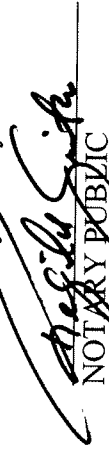
9. The only procedure provided by the Council to employees relating to their employment is that set forth in the Council's Harassment and Discrimination Policy and this policy, which includes a requirement to take online training, applies to

both central and council members' staff. A copy of this policy is attached hereto as Exhibit "5"

10. In sum, all personnel at the Council are City employees who work at the Council. There are no personnel employed by council members.

11. As a result of Ms. Plummer's disruptive conduct during the May 30, 2007 Council Meeting, and additional information concerning threats she made to assassinate Council Member Leroy Comrie, the Speaker of the Council of the City of New York, Christine C. Quinn, met with the Chief of Staff for the Council, Mr. Charles Meara, the Director of Security for the Council, Mr. Carl D'Alba, other senior staff and numerous members of the Council to assess the disruption caused by Ms. Plummer's outbursts and threats. In order to maintain the integrity of the Council, ensure the efficient operation of the Council, safeguard the relationships between Council Members in conducting their business, and the necessary need to address any threat to a Council Member, Speaker. Quinn, relying on her inherent powers as Speaker, directed that the Chief of Staff for the Council transmit a letter to Ms. Plummer. This letter notified Ms. Plummer that she would be suspended without pay from employment at the Council for a period of six weeks, and directed her to conduct herself in a professional manner, reminded her that all employees of the Council must conduct themselves in a professional manner, refrain from disrupting the proceedings and abide by the directions of the sergeant-at-arms during such proceedings, and further to refrain from threatening any Council Member or Council Staff while acting in her official capacity. Finally the letter required that Ms. Plummer sign acknowledgment indicating that she understood and agreed to the terms of the letter. A copy of the letter is attached to the Ms. Plummer's Federal Complaint as Exhibit "B."

Sworn to before me
this 2nd day of July 2007


NOTARY PUBLIC
REGINALD GUTTEAU
COMMISSIONER OF DEEDS, CITY OF NEW YORK
NO. 4-6846
CERT. FILED IN NEW YORK COUNTY
COMMISSION EXPIRES 3-1-09

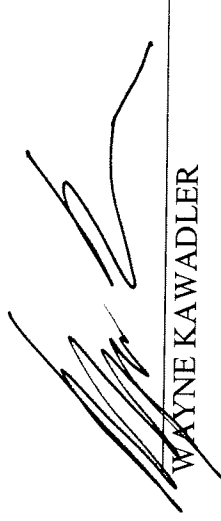

WAYNE KAWADLER

EXHIBIT 1

NYCAPS New Hire
Employee Personal Data Form



City of New York

Instructions for Completing the NYCAPS New Hire Employee Personal Data form
NYCAPS Form Number 1001
(For Employees)

(Please print all information clearly in ink)

The NYCAPS New Hire Employee Personal Data form should be completed in addition to the Comprehensive Personnel Document (CPD-B) and all other forms contained in your agency's new hire packet. It is used to capture and organize essential information about you that will be entered into the New York City Automated Personnel System (NYCAPS), the system from which your HR and health benefits coverage information will be processed. Please be sure to follow all City and agency policies and procedures as outlined in the Comprehensive Personnel Document (CPD-B) Applicant Guidelines and new hire packet before completing this form.

Follow the instructions below to complete the NYCAPS New Hire Employee Personal Data form:

1. Use a pen and print clearly in the boxes provided to you on the form.
2. Complete all fields on the form. Do not complete the sections in gray—these are for internal purposes only.
3. After reviewing the information you have entered on the form, initial and date the bottom of each page where indicated.
4. After reading and agreeing to the certification statement at the bottom of page 2, sign and date the form where indicated.
5. Sign and date the Equal Employment Opportunity (EEO) Self-Identification page where indicated.
6. Make a copy of your completed form for your records.
7. Forward the original form and all applicable supporting documentation and personal identification, as listed on page 21 of the CPD-B and CPD-B Guidelines, to your HR Representative for processing.



New York City Automated Personnel System
New Hire Form-Employee Personal Data

EMPLOYEE PERSONAL DATA	
Effective Date: MM/DD/YYYY No. NYCAPS Employees ID	
Social Security Number: - - - - -	
First Name: Middle:	
Last Name:	
Former Name (if applicable) Maiden Name Other Former	
Former First: Former Middle:	
Former Last:	
Home Address	
Street Address 1:	
Apt. No. Address 2: City:	
County (Required): State: Zip Code:	
Phone: Home Phone: Cellular Phone: Area Code: Sex Male Female	
Highest Education Level (If Required by agency - Check one)	
<input type="checkbox"/> Less Than HS Graduate <input type="checkbox"/> Technical School <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Doctorate (Professional)	
<input type="checkbox"/> HS Graduate or Equivalent <input type="checkbox"/> 2-Year College Degree <input type="checkbox"/> Master's Level Degree <input type="checkbox"/> Post Doctorate	
<input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Level Degree <input type="checkbox"/> Doctorate (Academic)	
Full-time student Yes No Marital Status Single Married	
(If Required by Agency - Check one)	
Military Status (Using the employee's submitted CPD-B form and DP-152/153 forms, when applicable, check one. Update the employee's personal history)	
<input type="checkbox"/> No Military Service <input type="checkbox"/> E-Veteran Operation Ending Freedom	
<input type="checkbox"/> A-Reservist and not a veteran <input type="checkbox"/> N-Not a veteran and not a reservist in service, must report to duty periodically	
<input type="checkbox"/> B-Veteran and a reservist <input type="checkbox"/> Y-Veteran and not a reservist	
Internal Use Only	
Applicable to Uniformed Employees Only	
<input type="checkbox"/> I-Veteran entitled to 1 veteran holiday and not a reservist <input type="checkbox"/> R-Veteran entitled to 1 veteran holiday and a reservist	
<input type="checkbox"/> J-Veteran entitled to 2 veteran holidays and not a reservist <input type="checkbox"/> S-Veteran entitled to 2 veteran holidays and a reservist	
<input type="checkbox"/> K-Veteran entitled to 3 veteran holidays and not a reservist <input type="checkbox"/> T-Veteran entitled to 3 veteran holidays and a reservist	
Internal Use Only	
Employee Initials: Date: / /	
Data Entered by: Date: / /	
NYCAPS Form 1001-1 Last revised 09-19-06	



**New York City Automated Personnel System
New Hire Form-Employee Personal Data**

EMPLOYEE DATA (cont.)

[illegible]

I certify that I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

Signature of Employee

Date / /

Internal Use Only

NYCAPS Form 1001-Z Last Revised: 09-18-06



**EQUAL EMPLOYMENT OPPORTUNITY
SELF-IDENTIFICATION FORM ***

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. All forms of illegal discriminatory actions against and treatment of applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites employees to voluntarily supply race/ethnicity, gender, veteran and disability identification. This information is confidential, will not be included in personnel files, or disclosed to individuals making employment decisions, and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement purposes. When reported, data will not identify any specific individual. Refusal to provide this self-identification information will not subject you to any adverse treatment.

[illegible]

Social Security Number - -

Date of Birth

Sex ☐ Male ☐ Female

Race/Ethnic Group (Check one)

☐ (W) White, not of Hispanic Origin -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

☐ Female

☐ (B) Black, Not of Hispanic Origin – A person having origins in any of the Black racial groups of Africa.

☐ (H) Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

☐ (A) **Asian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, (including, for example, China, India, Japan, Korea, The Philippine Islands and Samoa).

☐ (N) American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Veteran and Disability Identification (Check one)

☐ Veteran of the Vietnam Era—A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from there with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Disabled Veteran—A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under federal law to have a serious employment disability, or a person who was discharged or released from active duty because of service-connected disability.

Disabled—A person who has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment

I affirm that I have truthfully answered all of the questions above.

Signature of Employee _____ Date _____ / _____ / _____

Internal Use Only

Date Entered by: _____ Date: ____/____/____



THE COUNCIL
THE CITY OF NEW YORK
ADMINISTRATIVE SERVICES DIVISION
250 BROADWAY
NEW YORK, N.Y. 10007-2594

EDWARD F. O'MALLEY
DIRECTOR

TEL: (212) 788-6925
EDWARD.O'MALLEY@COUNCIL.NYC.NY.US

M E M O R A N D U M

TO: ALL STAFF

FROM: EDWARD F. O'MALLEY
DIRECTOR - ADMINISTRATIVE SERVICES DIVISION

RE: EEO ETHICS TRAINING PROGRAM

This memo has been written to outline, that as a Council employee, you must complete all modules of the Council's **EEO Ethics Training Program** within certain time frames. These time frames will be outlined as each module is presented to you.

The modules covered to date (June 30, 2005) include *Prevention of Harassment in the Workplace, Avoiding Conflict of Interests and What You Need to Know About E-Mail*.

The Computer Services Division will be contacting you through the Council Groupwise e-mail system with your user ID and password to enter into this program. The training site via Internet is <https://nycouncil-lcec.lrn.com/> or via the Council's Intranet <http://www.nycouncil.info/intranet>. When using the Council's Intranet webpage, please click on **EEO/Ethics Training** located at the top of the toolbar. If you have any technical difficulties, please call the Computer Services Helpdesk at 212-788-9048.

If you have any questions or comments regarding the modules, please call the Office of the General Counsel at 212-788-7017 or e-mail: eeocompliance@council.nyc.gov **ALL INFORMATION IS STRICTLY CONFIDENTIAL**

Attached is a receipt that must be completed by you outlining that notice has been given for your completion of the **EEO Ethics Training Program** administered by the Council's Computer Services Division. This receipt must be submitted with your personnel paper work.

attachment



THE COUNCIL
THE CITY OF NEW YORK
ADMINISTRATIVE SERVICES DIVISION
250 BROADWAY
NEW YORK, N.Y. 10007-2594

TEL (212) 788-6900
FAX (212) 791-5266

Date: _____

I hereby acknowledge that I have received The Council's policy against employment discrimination and unlawful harassment. Furthermore, I understand that as a condition of employment, I am obligated to familiarize myself with this policy.

NAME: _____

SIGNATURE: _____

TITLE: _____

AGENCY: *The New York City Council*



APPLICATION FOR EMPLOYMENT
The Council
The City of New York
Administrative Services
250 Broadway, New York, NY 10007

PERSONAL INFORMATION:

Date: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL
PRESENT ADDRESS		
CITY	STATE	ZIP
APARTMENT NUMBER		
TELEPHONE NUMBER		
SOCIAL SECURITY NUMBER		
Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over the age of 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to anyone in our employ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate name & division		
Were you in the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what Branch?		
Rank at discharge?	Type of discharge	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain.		

TYPE OF POSITION DESIRED:

Position applied for	Salary desired	Date you are available
Are you employed now?	If yes, may we contact your current employer?	
Have you ever applied to or worked for The City Council before?		

If yes, indicate where and when

SPECIAL SKILLS:

Please check your office skills:

☐ Typing _____ wpm ☐ Statistical Typing ☐ Steno _____ wpm
☐ Speed Writing _____ wpm ☐ Fast Long Hand _____ wpm ☐ Dictaphone ☐ CRT
☐ Word Processing Systems Type: _____

Indicate any other special skills and qualifications acquired from employment or other experience:

EDUCATION INFORMATION:

Level	School Name & Location City, State	Dates Attended To/From	Date of Graduation	Degree/ Field of Study
High School				
College				
Graduate School				
Trade, Business or other school				

Indicate scholastic honors, research work, etc.

EMPLOYMENT RECORD:

List below all present and past employment, beginning with your most recent:

FROM Month/Yr.	TO Month/Yr.	Name, Address of Employer	Job Title & Duties	Salary	Reason for Leaving
Supervisor's Name, Title, Phone #					
Supervisor's Name, Title, Phone #					
Supervisor's Name, Title, Phone #					

Please supply other information you think is relevant.

PERSONAL REFERENCES:

Please list below the names of three persons (not family members) you have known for one or more years.

Name	Address	Phone #	Relationship or Occupation	# of Years Acquainted

I authorize investigation of all Statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice, explanation or severance pay.

Your signature

Date

Approved - Council Member

Date



THE COUNCIL
THE CITY OF NEW YORK
ADMINISTRATIVE SERVICES
250 BROADWAY

EMPLOYEE FACT SHEET

DATE: _____

FULL NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

PRESENT ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ SEX: () FEMALE () MALE

ETHNICITY: () Black () American Indian/Alaskan Native
() Hispanic () Asia/Pacific Islander
() White

Are you transferring from another City Agency? () Yes () No

If yes, were you required to file financial disclosure reports at your previous agency?
() Yes () No

Were you in the United States Armed forces? () Yes () No

=====

FOR PERSONNEL USE ONLY

Appointment Date: _____

Division: _____

Annual Salary: _____

Title: _____

Title Number: _____

BC/BL: _____

Health Insurance: _____

Pension: _____

FICA Class: _____

Managerial: _____

Other: _____

HOW ETHNIC/RACIAL CATEGORIES HAVE BEEN DERIVED:

The standard set of ethnic/racial categories listed below is based on Federal Equal employment Opportunity designations. The categories do not denote scientific or anthropological origins. Employees have been included in the group, which he/she appear to belong, identifies with, or is regarded in the community as belonging.

WHITE

(Not of Hispanic Origin)

A person having origins in any of the original people of Europe, North Africa or the Middle East.

BLACK

(Not of Hispanic Origin)

A person having origins in any of the black racial groups in Africa.

HISPANIC

A person of Mexican, Puerto Rican, Cuban, Central or South America, or Spanish culture origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent, or culture should be included in this category. Persons from Brazil, Guyana, Surinam, or Trinidad, for example, would be classified according to their race and would not necessarily be included in the Hispanic Category. In addition, the category does not include persons from Portugal, who should be classified according to race.

AMERICAN INDIAN OR ALASKAN NATIVE

A person having origins in any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.

ASIAN PACIFIC ISLANDER

A person having origins in any of the original people of the Far East, Southeast Asian, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea the Philippine Island, and Samoa. The Indian Subcontinent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)				
City	State	Apt. #	Zip Code	Date of Birth (month/day/year)
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		Social Security #		
Employee's Signature		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____		
		Date (month/day/year)		

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR document(s) from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative _____ Date (month/day/year) _____	

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
OR	AND	
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address	1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization	4. Voter's registration card	
5. Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)	5. U.S. Military card or draft record	4. Native American tribal document
6. Unexpired Temporary Card (<i>INS Form I-688</i>)	6. Military dependent's ID card	5. U.S. Citizen ID Card (<i>INS Form I-197</i>)
7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)	7. U.S. Coast Guard Merchant Mariner Card	6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)
8. Unexpired Reentry Permit (<i>INS Form I-327</i>)	8. Native American tribal document	7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)
9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)	9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:	
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



THE COUNCIL
THE CITY OF NEW YORK
ADMINISTRATIVE SERVICES DIVISION
250 BROADWAY
NEW YORK, NY 10007

DATE: _____

I hereby certify that I have received The Council's Ethics Manual.

NAME: _____
SIGNATURE: _____
TITLE: _____
AGENCY: NEW YORK CITY COUNCIL

EXHIBIT 2



New York State Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • City of New York • City of Yonkers

IT-2104

First name and middle initial VIOLA E. PLUMMER		Last name PLUMMER		Your social security number [REDACTED]	
Permanent home address, number and street or route [REDACTED]		Apartment number [REDACTED]		Single or head of household <input type="checkbox"/> Married <input type="checkbox"/>	
City, village or post office [REDACTED]		State [REDACTED]		ZIP code [REDACTED]	
Are you a resident of New York City? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Complete the worksheet on page 3 before making any entries.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) 1					
2 Total number of allowances for New York City (from line 30) 1					
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount 3					
4 New York City amount 4					
5 Yonkers amount 5					

I certify that I am entitled to the number of withholding allowances claimed on this certificate

Employee's signature Viola Plummer	Date 9/6/05
--	-----------------------

Penalty — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer.

Employer's name and address (Employer complete this section only if you must send a copy of this form to the NYS Tax Department)	Employer identification number
--	--------------------------------

Employers only: Please mark an **X** in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire ☐ Employee claimed more than 14 exemption allowances for New York State ☐

Need help?



Internet access: www.nystax.gov

Access our Answer Center for answers to frequently-asked questions; check your refund status; check your estimated tax account; download publications; get tax updates and other information.



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week.

1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Refund status:

(Automated service for refund status is available 24 hours a day, 7 days a week.)

1 800 443-3200

To order forms and publications:

Personal Income Tax Information Center

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired: (telecommunications device for the deaf (TDD) callers only) 1 800 634-2110 (8:00 A.M. to 5:00 P.M., eastern time).



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Changes for 2005

The charts on page 4 of this form have been revised for tax year 2005. If you filed a 2004 Form IT-2104 and used a page 4 chart to compute an additional dollar amount to claim on lines 3, 4, or 5 on Form IT-2104, you should complete a new 2005 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Employee, detach and give the first page to your employer; keep pages 3 and 4 for your records

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding.

To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part I and Part III on page 3 of this form. If you want more tax withheld, you may

Instructions

claim fewer allowances. If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1, 2, 19, or 30, and your employer cannot accommodate negative allowances, enter 0 and see *Additional dollar amount(s)* below.

Income from sources other than wages — If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher*, or see *Need help?* on page 1.

Other credits (Worksheet line 12) — If you will be eligible to claim any credits other than the credits listed, such as an investment tax credit, you may claim additional allowances as follows:

- If you expect your New York adjusted gross income to be less than \$50,000, divide the amount of the expected credit by 60 and enter the result (round to the nearest whole number) on line 12.
- If you expect your New York adjusted gross income to be more than \$50,000, divide the amount of the expected credit by 70 and enter the result (round to the nearest whole number) on line 12.

Example: You expect your New York adjusted gross income to exceed \$50,000. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 70. $160/70 = 2.2857$. The additional withholding allowance(s) would be 2. Enter 2 on line 12.

Married couples with both spouses working

— If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. You should each mark an X in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 19 and line 30 (if applicable) between you and your working spouse. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If you and your spouse's combined income is between \$100,000 and \$400,000, use Chart A on page 4 to compute the number of allowances to transfer to Part I, line 18, also use Chart B if you are a New York City resident (using Part III, line 29). If your combined income is greater than \$150,000, but your taxable income is less than \$150,000, use the \$145,000 to \$150,000 column in Chart A to compute the number of allowances to transfer to Part I, line 18.

Taxpayers with more than one job — If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or

head of household with two or more jobs, reduce the number of allowances by six for a single taxpayer or three for a head of household, on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

Single taxpayers or heads of household — If you are a single taxpayer or head of household and your total income is between \$100,000 and \$400,000, use Chart A on page 4 to compute the number of allowances to transfer to Part I, line 18, also use Chart B if you are a New York City resident (using Part III, line 29). Substitute the words *Highes: paying job for Higher earner's wages* within the charts.

Dependents — If you are a dependent of another taxpayer and expect your income to exceed \$3,000, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job — If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on Part I, line 13.

Married couples with only one spouse working — If your spouse does not work and has no income subject to state income tax, mark the *Married* box on the front of the certificate. You may also wish to claim two additional allowances on Part I, line 14.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances using the worksheets on page 3 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$2 of tax withheld per week for New York State withholding on line 3, and an additional \$1 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 5% (0.05) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount as determined by these instructions or by using the charts on page 4 is accurate for a weekly payroll. Therefore, if you are paid other than weekly, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed using the worksheet(s) on page 3.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

Employee's Withholding Allowance Certificate
Worksheet

IT-2104 (2005) Page 3 of 4

Part I — Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6	Enter the number of dependents that you will claim on your state return (do not include yourself or, if married, your spouse)	6.	1
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7.	
8	New York State household credit	8.	
9	Real property tax credit	9.	
For lines 10 and 11, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10.	
11	Earned income credit	11.	
12	Other credits (see instructions)	12.	
For lines 13 and 14, enter 2 if either situation applies.			
13	Head of household status and only one job	13.	
14	Married couples with only one spouse working and only one job	14.	
15	Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$	15.	
Divide this estimate by \$1,000. Drop any fraction and enter the number			
16	If you expect to itemize deductions on your state tax return, complete Part II below and enter the number from line 25	16.	
All others enter 0			
17	Add lines 6 through 16	17.	
18	If you are single or head of household, or married with both spouses working, and your total income is between \$100,000 and \$400,000, enter the appropriate number from Chart A on page 4. All others enter 0	18.	
19	Subtract line 18 from line 17. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter 0 here and on line 1 and see Additional dollar amounts in the instructions. (If you have more than one job, or if you and your spouse both work, see instructions.)	19.	

Part II — Complete this part only if you expect to itemize deductions on your state return.

20	Enter your estimated federal itemized deductions for the tax year	20.	
21	Enter your estimated state, local, and foreign income taxes included on line 20	21.	
22	Subtract line 21 from line 20	22.	
23	Based on your federal filing status, enter the applicable amount from the table below	23.	
Standard deduction table			
Single (cannot be claimed as a dependent)	\$ 7,500	Qualifying widow(er)	\$14,600
Single (can be claimed as a dependent)	\$ 3,000	Married filing jointly	\$14,600
Head of household	\$10,500	Married filing separate returns	\$ 6,500
24	Subtract line 23 from line 22 (if line 23 is larger than line 22, enter 0 here and on line 16 above)	24.	
25	Divide line 24 by \$1,000. Drop any fraction and enter the result here and on line 16 above	25.	

Part III — Complete this part to figure your withholding allowances for New York City (line 2).

26	Enter the amount from line 6 above	26.	
27	Add lines 13 through 16 above and enter total here	27.	
28	Add lines 26 and 27	28.	
29	If you are single or head of household, or married with both spouses working, and your total income is between \$150,000 and \$400,000, enter the appropriate number from Chart B on page 4. All others enter 0	29.	
30	Subtract line 29 from line 28. Enter the result, including negative amounts, here and on line 2. If your employer cannot accommodate negative allowances, enter 0 here and on line 2 and see Additional dollar amounts in the instructions. (If you have more than one job, or if you and your spouse both work, see instructions.)	30.	

Employee: keep this page for your records.

Charts A and B are for married couples with both spouses working, and single taxpayers or heads of household, with a combined income between \$100,000 and \$400,000. All others do not have to use these charts.

Chart A — New York State and Yonkers — Enter the number of allowances (top number) on Part I, line 18; or the additional withholding (bottom dollar amount) on line 3.

Higher earner's wages ↓	Total income										
	\$100,000 to 105,000	\$105,000 to 110,000	\$110,000 to 115,000	\$115,000 to 120,000	\$120,000 to 125,000	\$125,000 to 130,000	\$130,000 to 135,000	\$135,000 to 140,000	\$140,000 to 145,000	\$145,000 to 150,000	
Under \$90,000	1 \$1.50	2 \$3.00	3 \$4.50	5 \$6.00	6 \$7.50	7 \$9.00	8 \$10.50	9 \$12.00	10 \$13.50	11 \$15.00	
\$90,000 - \$100,000		1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00	9 \$13.50	
\$100,000 - \$110,000		1 \$1.50	1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00	
\$110,000 - \$120,000			1 \$1.50	2 \$3.00	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	
\$120,000 - \$130,000					2 \$3.00	3 \$4.50	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	
\$130,000 - \$140,000							3 \$4.50	4 \$6.00	4 \$6.00	5 \$7.50	
\$140,000 - \$150,000									4 \$6.00	5 \$7.50	

Chart A (continued)

Higher earner's wages ↓	Total income																
	\$150,000 to 160,000	\$160,000 to 170,000	\$170,000 to 180,000	\$180,000 to 190,000	\$190,000 to 200,000	\$200,000 to 220,000	\$220,000 to 240,000	\$240,000 to 260,000	\$260,000 to 280,000	\$280,000 to 300,000	\$300,000 to 320,000	\$320,000 to 340,000	\$340,000 to 360,000	\$360,000 to 380,000	\$380,000 to 400,000		
under \$90,000	14 \$18.00	16 \$21.00	19 \$25.00	21 \$28.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00	23 \$31.00		
\$90,000 - \$100,000	11 \$17.00	13 \$20.00	15 \$23.00	17 \$26.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00	19 \$29.00		
\$100,000 - \$110,000	10 \$15.00	12 \$18.00	14 \$21.00	16 \$25.00	18 \$28.00	19 \$29.00	18 \$28.00	18 \$28.00	18 \$28.00	18 \$28.00	18 \$28.00	18 \$28.00	18 \$28.00	18 \$28.00	18 \$28.00		
\$110,000 - \$120,000	9 \$14.00	11 \$17.00	13 \$20.00	15 \$23.00	17 \$26.00	18 \$28.00	17 \$26.00	17 \$26.00	17 \$26.00	17 \$26.00	17 \$26.00	17 \$26.00	17 \$26.00	17 \$26.00	17 \$26.00		
\$120,000 - \$130,000	7 \$11.00	9 \$14.00	11 \$17.00	13 \$20.00	15 \$23.00	16 \$25.00	16 \$25.00	16 \$25.00	15 \$23.00	15 \$23.00	15 \$23.00	15 \$23.00	15 \$23.00	15 \$23.00	15 \$23.00		
\$130,000 - \$140,000		6 \$11.00	8 \$14.00	10 \$17.00	12 \$20.00	12 \$20.00	13 \$22.00	14 \$25.00	13 \$22.00	13 \$22.00	11 \$19.00	11 \$19.00	11 \$19.00	11 \$19.00	11 \$19.00		
\$140,000 - \$150,000			6 \$11.00	8 \$14.00	10 \$17.00	11 \$18.00	12 \$21.00	12 \$22.00	12 \$22.00	12 \$22.00	11 \$19.00	8 \$14.00	8 \$14.00	8 \$14.00	8 \$14.00		
\$150,000 - \$160,000				6 \$11.00	7 \$12.00	8 \$13.00	9 \$14.00	10 \$15.00	10 \$15.00	11 \$16.00	10 \$15.00	8 \$14.00	5 \$9.00	5 \$9.00	5 \$9.00		
\$160,000 - \$170,000					6 \$11.00	7 \$12.00	8 \$13.00	9 \$14.00	10 \$15.00	10 \$15.00	9 \$14.00	8 \$14.00	5 \$9.00	3 \$5.00	3 \$5.00		
\$170,000 - \$180,000						5 \$9.00	6 \$10.00	7 \$11.00	8 \$12.00	8 \$12.00	8 \$12.00	7 \$11.00	5 \$9.00	3 \$5.00	0 \$0.00		
\$180,000 - \$190,000																	
\$190,000 - \$200,000																	

Chart B — New York City — Enter the number of allowances (top number) on Part III, line 29; or the additional withholding (bottom dollar amount) on line 4.

Higher earners ↓	Total income																
	\$150,000 to 160,000	\$160,000 to 170,000	\$170,000 to 180,000	\$180,000 to 190,000	\$190,000 to 200,000	\$200,000 to 220,000	\$220,000 to 240,000	\$240,000 to 260,000	\$260,000 to 280,000	\$280,000 to 300,000	\$300,000 to 320,000	\$320,000 to 340,000	\$340,000 to 360,000	\$360,000 to 380,000	\$380,000 to 400,000		
under \$90,000	5 \$4.00	10 \$8.00	15 \$12.00	20 \$16.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00	25 \$20.00		
\$90,000 - 100,000	5 \$4.00	10 \$8.00	15 \$12.00	20 \$16.00	25 \$20.00	27 \$21.00	27 \$21.00	27 \$21.00	27 \$21.00	27 \$21.00	27 \$21.00	27 \$21.00	27 \$21.00	27 \$21.00	27 \$21.00		
\$100,000 - 110,000	5 \$4.00	10 \$8.00	15 \$12.00	20 \$16.00	25 \$20.00	27 \$21.00	29 \$23.00	29 \$23.00	29 \$23.00	29 \$23.00	29 \$23.00	29 \$23.00	29 \$23.00	29 \$23.00	29 \$23.00		
\$110,000 - 120,000	5 \$4.00	10 \$8.00	15 \$12.00	20 \$16.00	25 \$20.00	27 \$21.00	29 \$23.00	31 \$24.00	31 \$24.00	31 \$24.00	31 \$24.00	31 \$24.00	31 \$24.00	31 \$24.00	31 \$24.00		
\$120,000 - 130,000	5 \$4.00	10 \$8.00	15 \$12.00	20 \$16.00	25 \$20.00	27 \$21.00	29 \$23.00	31 \$24.00	33 \$26.00	35 \$27.00	35 \$27.00	35 \$27.00	35 \$27.00	35 \$27.00	35 \$27.00		
\$130,000 - 140,000		3 \$4.00	7 \$8.00	10 \$12.00	13 \$16.00	15 \$20.00	16 \$21.00	17 \$22.00	19 \$24.00	20 \$25.00	18 \$21.00	18 \$21.00	18 \$21.00	18 \$21.00	18 \$21.00		
\$140,000 - 150,000			3 \$4.00	7 \$8.00	10 \$12.00	11 \$13.00	13 \$16.00	14 \$17.00	15 \$18.00	17 \$19.00	18 \$21.00	13 \$13.00	13 \$13.00	13 \$13.00	13 \$13.00		
\$150,000 - 160,000				3 \$4.00	7 \$8.00	10 \$12.00	11 \$13.00	14 \$17.00	12 \$14.00	13 \$15.00	15 \$18.00	13 \$13.00	13 \$13.00	13 \$13.00	13 \$13.00		
\$160,000 - 170,000					3 \$4.00	7 \$8.00	9 \$11.00	11 \$13.00	11 \$12.00	12 \$13.00	13 \$15.00	13 \$15.00	13 \$15.00	13 \$15.00	13 \$15.00		
\$170,000 - 180,000						3 \$4.00	5 \$5.00	6 \$6.00	7 \$7.00	9 \$9.00	10 \$10.00	11 \$11.00	11 \$11.00	11 \$11.00	11 \$11.00		
\$180,000 - 190,000							1 \$2.00	3 \$3.00	4 \$4.00	5 \$5.00	6 \$6.00	7 \$7.00	8 \$8.00	9 \$9.00	10 \$10.00		
\$190,000 - 200,000																	



OFFICE OF PAYROLL ADMINISTRATION
One Centre Street, Room 200N, New York, New York 10007

RICHARD R. VALCICH
Executive Director

EDWIN A. YOWELL
Deputy Executive Director

www.nyc.gov/payroll

PAYROLL OPERATIONS
NEIL MATTHEW
Assistant Executive Director
Phone: 212-669-4620

WITHHOLDING CERTIFICATE AFFIRMATION

State of New York }
County of New York as:

1. Viola Phummer being duly sworn, depose and say:

1. My Social Security Number is [REDACTED]
2. The withholding tax certificate(s), form(s) W-4, IT-2104, or IT-2104E presented by me to the City of New York for processing are to the best of my knowledge truthful and the allowances or exemptions claimed are valid.
3. These certificates are not being filed for the purpose of evading the lawful imposition of income tax upon me by either the Federal, State, or City governments.
4. I understand that: (a) filing a false or fraudulent certificate may result in civil and criminal prosecution and disciplinary action including, but not limited to, termination of employment; (b) I may voluntarily provide substantiation for the withholding allowances claimed or the basis for my claim of total exemption from tax; (c) that all W-4 withholding certificates in which more than ten (10) allowances are claimed or total exemption is claimed will be forwarded to the Internal Revenue Service; and (d) all IT-2104s in which more than 14 allowances are claimed and all IT-2104Es in which total exemption is claimed will be forwarded to the New York State Department of Taxation and Finance.

9/6/08

Date

Viola Phummer

Employee's Signature

Sworn to before me this 6 day of September, 2008

Margaret B. Toro

Notary Public

MARGARET B. TORO
County of New York
City of New York, No. 15316
Commission Expires on Jun 10, 2010

MAYOR MICHAEL R. BLOOMBERG

WILLIAM C. THOMPSON, JR., COMPTROLLER

PENSION WAIVER

DATE: 9/6/07

Administrative Services
250 Broadway - 16th Floor
New York, NY 10007

To Whom It May Concern:

I have been informed of my right to join The New York City Employees' Retirement System and I am aware of the benefits afforded me under this system. However, I am choosing not to become a member at this time.

Sincerely,

Viola Plummer
SIGNATURE

Viola Plummer
PRINT NAME

CGM/dc



THE COUNCIL
OF
THE CITY OF NEW YORK

RESIDENCY REQUIREMENTS

Administrative Code section 12-120 states that any person who enters city service on or after September 1, 1986 shall be a resident of the City on the date that he or she enters city service or shall establish City residency within 90 days after such date. The Code states that the word "residence" means domicile and the word "resident" means domiciliary.

Moreover, the Code states that the employee shall maintain a city residence as a condition of employment. Failure to establish or maintain city residence as required by the Code shall constitute a forfeiture of employment; provided, however, that prior to dismissal of and the opportunity to contest the charge that his or her residence is outside the City.

The Council's Office of Oversight and Investigation will be directed to verify your City residency either through a field residence investigation or by your providing various documents that help establish your presence at your residence. (See reverse side of this form.) If you move during your tenure at the Council, it is incumbent upon you to notify the Administrative Services Division in writing of your address. You may be required to furnish proof of residency documentation to the Administrative Services Division upon moving. Please be advised that should the Administrative Services Division or the Office of Oversight and Investigation receive residency information that is inconsistent with information supplied by you, your file will be subject to re-examination.

☒ I am a New York City resident. My residence address is:

[REDACTED]
[REDACTED]

I will need to establish a New York City residence within 90 days of my appointment to the City Council

I have read the employee residency requirements outlined above and understand them fully. I am aware that misrepresentation or omission of residency information may be cause for dismissal. I acknowledge that the information I supply may be subject to verification.

Signature

Debra Flanagan

Date

9/6/07

RESIDENCY DOCUMENTS

(Furnish any three of the documents listed below. Please supply originals.)

- (1) Lease/rental agreement or deed, if you own your own home.
- (2) Past three telephone bills.
- (3) Past three electric bills.
- (4) Official government mailing – e.g: Social Security, Internal Revenue Service, Jury notices, etc.
- (5) Copy of NYS driver license and/or vehicle registration(s).
- (6) Past three cable television bills.
- (7) Latest bank statement.

APPLICATION FOR
MEMBERSHIP
FORM 1060

Management Benefits Fund

40 Rector Street,
New York, NY 10006
Tel.: 212-306-7290
TTY: 212-306-7629
Outside N.Y.C.: 1-888-4000MBF
Http://nyc.gov/html/oir

REASON(S) FOR SUBMISSION (check one or more boxes):

- ☒ NEW ENROLLMENT
☐ REINSTATEMENT
☐ CHANGE OF NAME
FORMER NAME _____
☐ CHANGE OF LIFE INSURANCE BENEFICIARY

- ☐ TRANSFER FROM ANOTHER AGENCY
FORMER AGENCY CODE: _____
☐ CHANGE TO GUL OPTIONAL COVERAGE

- CHANGE OF:
☐ MARITAL STATUS
☐ SPOUSE/DOMESTIC PARTNER
☐ ADD ☐ DROP
☐ DEPENDENT CHILDREN
☐ ADD ☐ DROP

DATE OF EVENT: _____

MEMBER INFORMATION

LAST NAME: <u>PLUMMER</u>	FIRST NAME: <u>Viola</u>	M.I.: <u>E</u>	SEX: <u>♀</u>
SOCIAL SECURITY #: _____	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	LEGAL SEP. <input type="checkbox"/> DIVORCED	DATE OF BIRTH: _____
		DOM PARTNER <input type="checkbox"/> WIDOWED	



No. 6437

THE COUNCIL
THE CITY OF NEW YORK

788-6948

MESSENGER ROUTE SLIP

DATE: Oct 6, 2005 TIME: _____

GISELLE BAFFI
ADMINISTRATIVE SERVICES

MANAGEMENT BENEFITS FUND
40 RECTOR STREET, 3rd FLOOR
NEW YORK, NY 10006
ATTN: KALMA ZACKERY (212) 306-7314
JUDITH WRIGHT (212) 306-7397
DOROTHY PORTA (212) 306-7318

ROOM # _____

ATTN. OF: _____

BY: Holco
MESSENGER

ANY RETURN: YES: _____ NO: _____

REC. BY: Audrey Testikera

PICKED UP FROM: _____

DATE: 10/6/05 TIME: 9:55

Durham / Aick Miller 10-23-05

Salyard / Aick Miller 10-26-05

SPECIAL INSTRUCTIONS:

Plummer / Aick Miller 09/28/05

Hunt / Aick Miller 10-22-05

**Please Return
Signed Receipt**



CONFIDENTIAL

THE COUNCIL
THE CITY OF NEW YORK
ADMINISTRATIVE SERVICES DIVISION
APPOINTMENT INVESTIGATIONS UNIT
250 BROADWAY, 15TH FLOOR
NEW YORK, N.Y. 10007-2594

212-788-6890
(FAX) 212-788-6885,9

CONFLICT OF INTEREST

1. Are you aware of any matters, which may involve a conflict of interest in connection with your appointment to The Council staff? YES/NO
If so, please provide any pertinent facts below:

No

3. Are you currently affiliated with any entities (community groups, community boards, voluntary organizations) which receive funds from New York City? YES/NO If so, please describe the nature of your affiliation with these groups:

No

Tula Plummer
SIGNATURE

9/6/07
DATE

QUESTIONNAIRE AND AGREEMENT FORM

INSTRUCTIONS: Please complete the following information and answers to the following questions in ink. All questions must be answered and full details must be provided if required. Sign the affirmation on page 7.

A false statement or omission intentionally or fraudulently made may result in your disqualification for this position and the termination of your employment.

GENERAL INFORMATION

Employee Name: Rummer Last Viola First E Middle

Other names used in the last ten (10) years:

Present Home Address:

[REDACTED]
[REDACTED]
[REDACTED]

Previous Home Addresses for last ten (10) years: (If you cannot recall all your previous addresses during this period, please so indicate.)

[REDACTED]

Social Security #:

[REDACTED]

Date of Birth:

[REDACTED]

Title of Council Position:

CHIEF OF STAFF / Council member Aide

Council Member/Division:

Council Member C. Barron

LICENSE AND VEHICLE INFORMATION

Motorist I.D. #/State:

[REDACTED]

If you own a vehicle(s), give license plate number(s) and state(s) in which registered:

Make(s), (e.g. Chrysler) and type(s) (e.g. Sedan) of vehicle(s):

EMPLOYEE NAME Viola Plummer

List any past license plates, states in which registered and makes, types and colors:

EDUCATION

Start with the school you last attended and work back in time. If you have a high school equivalency diploma or General Education Diploma (GED), also list the year and month it was issued, the school or institution where you sat for the exam, and the name of the state issuing agency.

School Name

Complete School Address

- Dates of Attendance
- Major
- Did you graduate? YES () NO (X)
- Degree/Diploma/Certificate Received/or Highest Grade Completed
- Date degree or diploma received
- Name used while in attendance

School Name

Complete School Address

- Dates of Attendance
- Major
- Did you graduate? YES (X) NO ()
- Degree/Diploma/Certificate Received/or Highest Grade Completed
- Date degree or diploma received
- Name used while in attendance

School Name

Complete School Address

- Dates of Attendance
- Major
- Did you graduate? YES () NO ()
- Degree/Diploma/Certificate Received/or Highest Grade Completed
- Date degree or diploma received
- Name used while in attendance

EMPLOYEE NAME Viola Phummer**EMPLOYMENT**

Start with your most recent job and work back in time for the past ten years. Please include all part-time positions, fellowships and internships (paid or unpaid). Do not omit jobs or required information.

Employer Name

Complete Street Address

- Dates of Employment
- Status - Part-time () Full-time (☒) Fellowship () Internship ()
Temp placement () Self-employed () (Check all that apply)

- If temp placement, please list agency name, address and phone number

- Job Title
- Department/Division/Unit

- Supervisor (Name/Title/Phone #)

- Reason for Leaving

- Company still in business? YES () NO ()
- Duties

- Name used during employment

Employer Name

Complete Street Address

- Dates of Employment
- Status - Part-time () Full-time (☒) Fellowship () Internship ()
Temp placement () Self-employed () (Check all that apply)

- If temp placement, please list agency name, address and phone number

- Job Title
- Department/Division/Unit

- Supervisor (Name/Title/Phone #)

- Reason for Leaving

- Company still in business? YES () NO ()
- Duties

- Name used during employment

EMPLOYEE NAME _____

Employer Name _____

Complete Street Address _____

- Dates of Employment _____
- Status - Part-time () Full-time () Fellowship () Internship ()
Temp placement () Self-employed () *(Check all that apply)*

- If temp placement, please list agency name, address and phone number

- Job Title _____
- Department/Division/Unit _____
- Supervisor (Name/Title/Phone #) _____
- Reason for Leaving _____
- Company still in business? YES () NO ()
- Duties _____
- Name used during employment _____

Employer Name _____

Complete Street Address _____

- Dates of Employment _____
- Status - Part-time () Full-time () Fellowship () Internship ()
Temp placement () Self-employed () *(Check all that apply)*

- If temp placement, please list agency name, address and phone number:

- Job Title _____
- Department/Division/Unit _____
- Supervisor (Name/Title/Phone #) _____
- Reason for Leaving _____

- Company still in business? YES () NO ()
- Duties _____
- Name used during employment _____

EMPLOYEE NAME _____

TAXES

Have you filed Federal and New York State/City of New York income tax returns for each of the past five (5) years?

YES () NO (☒)

If you answered **no**, give details and explain reasons for not filing:



Do you currently own or operate a business or do business in New York City?
YES () NO (☒)

[If you answered **yes**, please complete all additional questions]

What is the name of your business? _____

EIN # _____ Date business was started _____

Location of business _____

Were you required to file New York City Unincorporated Business Tax returns for your business? YES () NO (☒)

If **yes**, have you filed returns for the last three years? YES () NO ()

Were you required to file New York City Commercial Rent Tax returns for your business? YES () NO ()

If **no**, why not? _____

If **yes**, have you filed returns for the last three years? YES () NO ()

PUBLIC DEBTS

Employees are responsible for satisfying any verified public debts. Public debts are debts to local, state and federal government entities, including corporations under their control.

Do you presently owe the City of New York or any agency or department of the City any money for:

- A. Unpaid parking violations?
- B. Unpaid fines or penalties?
- C. Other?

YES () YES (☒) NO (☒)
YES () YES (☒) NO (☒)
YES () YES (☒) NO (☒)

If you answered **yes** to question(s) A, B, or C, give all details in the space provided below:

EMPLOYEE NAME _____

List all public judgements as defined above outstanding in any court against you. Also, list all civil judgements outstanding in any court against any entity in which you, have an interest which exceeds 5 percent of the entity or exercise managerial control. Include under "status" whether an appeal is pending. If this question is not applicable, please indicate N/A across the table below:

Date, Court of Entry & Docket #	Judgement Debtor	Judgement Creditor	Original Amount of Judgement	Amount Outstanding & Status
	N/A			

List all tax liens outstanding by local, state or federal tax authorities, against you, your spouse and/or your unemancipated children. Also, list all tax liens outstanding against any entity in which you, your spouse and/or your unemancipated children have an interest which exceeds 5 percent of the entity or exercise managerial control. Include under "status" whether an appeal is pending. If this question is not applicable, please indicate N/A across the table below:

Date entered & Docket #	Debtor	Tax Authority	Original Amount of Lien	Amount Outstanding & Status
	N/A			

Are you obligated to make child support payments? YES () NO ()
Are you in arrears for child support payments? YES () NO ()
If you are in arrears, please complete the chart below.

Person to Whom Payments are to be Made	Name & Location of Court/Case Index #	Amount / Frequency of the Payments Ordered by the Court	Date of Most Recent Order of the Court	Arrears-Time Period/Amount/ Reason
	N/A			

EMPLOYEE NAME Viola Phummer

AFFIRMATION

I affirm, under the penalties of perjury, that the statements contained in this form (including attached pages) are true.

I authorize investigation of all statements contained in this Questionnaire and Agreement Form. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, be terminated at any time.

As a qualification for appointment and continued employment with the City, I agree to repay any amount, which I lawfully owe to government entities, including corporations under their control. Deductions from my paycheck shall not exceed 10% of the net income indicated on my paycheck. Failure to timely repay any amounts that I owe a governmental entity may be grounds for disciplinary action, including termination.

SIGNATURE Viola Phummer

DATE SIGNED 9/6/07

Applicant MUST check one:

☒ **EMPLOYEE**
☐ **RETIREE**

HEALTH BENEFITS APPLICATION



**CITY OF NEW YORK
HEALTH BENEFITS PROGRAM**

REASON(S) FOR SUBMISSION (Check one or more boxes; enter change date if appropriate)

- A.** ☒ New Enrollment
☐ Reinstatement
☐ Transfer From Another Agency
☐ Retirement
☐ Disability Retirement
☐ Accident Disability Retirement
☐ Deferred Retirement

- ☐ Drop Optional Benefits
☐ Add Optional Benefits
Cancel Benefits: (Check one)
☐ Waive Benefits
☐ Buy-Out Waiver Program (Employees Only)
(Complete Sections D, E, F & I only)
☐ Other

B. Transfer of Health Plan and/or Optional Benefits Based on:

- ☐ Transfer Period
☐ Permanent Move Into/Out of Health Plan Area
Eff. Date: / /
☐ Retiree Once in A Lifetime
☐ Other

C. Change Of:

- ☐ Spouse/Domestic Partner Information
☐ Add ☐ Drop
☐ Dependent Child(ren)
☐ Add ☐ Drop
☐ Change of Name - Former Name:
Date of Event
mo dy yr / /
mo dy yr / /



THE COUNCIL
THE CITY OF NEW YORK
ADMINISTRATIVE SERVICES DIVISION
250 BROADWAY
NEW YORK, NY 10007

DATE: 9/6/05

I hereby certify that I have received The Council's Ethics Manual.

NAME: Viola Phummer
SIGNATURE: Viola Phummer
TITLE: Chief of Staff Councilmatic Aide
AGENCY: NEW YORK CITY COUNCIL

Instructions for completing a Health Benefits Application
(For Employees)
(Please print all information clearly using a black or blue ballpoint pen)

Check the EMPLOYEE box at the top of the form.

Sections A, B & C: Check off the reason for submission of this form.

Employees may only transfer plans during a *transfer period* or upon a change of residence *outside/inside of the service area of the health plan*. Documentation verifying *spouse or domestic partner and dependent children* must be submitted for all new enrollments and addition of dependents. Obtain a domestic partner instruction sheet from your personnel office or the Office of Labor Relations if you wish to include a domestic partner on your medical coverage.

If you are adding or dropping a dependent or changing plans, this form should be submitted within 31 days of the qualifying event.

Section D: If you are enrolled in a health plan other than your City coverage, you must indicate so and include the name and policy number of the plan.

Section E: If you are married or have a domestic partner, this section must be completed whether or not you are covering your spouse/ domestic partner. If your spouse/domestic partner is enrolled in a health plan other than your City coverage, you must indicate so including the name and policy number of the other plan.

Section F: List ALL dependents to be covered. You must indicate yes/no if a dependent is a full-time student or if a dependent is permanently disabled.

Section G: Write the complete name of the health plan you are selecting or your current plan (see back of this sheet) if you are adding or dropping a dependent or optional rider. If you do not make an optional rider selection, you will be given basic coverage only.

Section I: Complete this section only if you are electing the Waiver Buy Out. A Medical Spending Conversion application must also be completed. Contact your personnel/payroll office for information about the Waiver Buy Out Program.

Section J: Your personnel/payroll office must complete this section.

Employees: Return this application to your Agency Benefits Representative, Personnel or Payroll Officer.

Instructions for completing a Health Benefits Application
(For Retirees)
(Please print all information clearly using a black or blue ballpoint pen)

Check the RETIREE box at the top of the form.

Section A: If you are a NEW retiree, you should only select from the following: *Retirement, Disability Retirement, Accident Disability Retirement, Deferred Retirement or Waive Benefits*. If you are already covered as a retiree, you should only select from the following: *Drop/Add Optional Benefits, Waive Benefits* (if you wish to cancel your City coverage) and *Reinstatement* (if you are requesting to reinstate your City coverage after having previously Waived coverage).

Section B: Check *Transfer Period* if the change you are requesting is being made during a Transfer Period (such as Adding Optional Benefits or Changing Plans). Check *Permanent Move Into/Out of Health Plan Area* if you are requesting to change plans as a result of either moving out of the service area of your current plan, or if you are moving into the service area of another plan. Check *Retiree Once in a Lifetime* if you are requesting to change plans or add optional benefits anytime other than a transfer period.

Section C: Check *Spouse Information (Add/Drop)* if you are adding or dropping a spouse. If your spouse/domestic partner is deceased, you must attach a copy of a death certificate. If you are dropping your spouse as a result of a divorce, you must attach a copy of the divorce decree. If you are adding a spouse, you must attach a copy of the marriage certificate or submit domestic partner documentation if adding a domestic partner. Check *Dependent (Children) (Add/Drop)* if you are adding or dropping a dependent child. If you are adding a dependent child, you must attach a copy of either the birth certificate, or documents proving guardianship or adoption.

Section D: If you are enrolled in Medicare Parts A&B, you must attach a photocopy of your Medicare card. If you are enrolled in another health plan other than your City coverage or Medicare, you must indicate so including the name and policy number of the plan.

Section E: If you are married or have a domestic partner, this section must be completed whether or not you are covering your spouse/ domestic partner. If your spouse/domestic partner is enrolled in health plan other than your City coverage or Medicare, you must indicate so including the name and policy number of the plan. If your spouse/domestic partner is enrolled in Medicare Parts A&B, you must attach a photocopy of his/her Medicare card.

Section F: List ALL dependents to be covered. You must indicate yes/no if a dependent is a full-time student. If a dependent is permanently disabled, and on Medicare, you must attach a photocopy of his/her Medicare card.

Section G: Write the complete name of your current health plan or the plan you are selecting (see back of sheet). If you do not make an optional rider selection, you will be given basic coverage only.

Section H: This is the only section in which you are to sign the form. Remember to date your form.

Section J: If you are a NEW retiree (even if you are waiving City coverage), your payroll/personnel office must complete this section.

Retirees: Return this application to: City of New York
Health Benefits Program
40 Rector Street – 3rd Floor
New York, New York 10006

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last PLUMMER	First VIOLA	Middle Initial E	Maiden Name [REDACTED]
Address (Street Name and Number) [REDACTED]		Apt. # [REDACTED]	Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Social Security # [REDACTED]

I attest, under penalty of perjury, that I am (check one of the following):
☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #) A
☐ An alien authorized to work until _____
(Alien # or Admission #) _____

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Employee's Signature
Viola Plummer

Date (month/day/year)
9/6/05

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____
Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____
Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: [REDACTED]				
Issuing authority: [REDACTED]				
Document #: [REDACTED]				
Expiration Date (if any): [REDACTED]				
Document #: [REDACTED]				
Expiration Date (if any): [REDACTED]				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Peg Toro	Print Name Peg Toro	Title Asst. Director of Admin
Business or Organization Name NYC Council, 250 Broadway, 16th Fl. NYC 10007	Address (Street Name and Number, City, State, Zip Code) NYC 10007	

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility Document Title: _____ Document #: _____ Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative _____	Date (month/day/year) _____

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (Form N-560 or N-561) 3. Certificate of Naturalization (Form N-550 or N-570) 4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551) 6. Unexpired Temporary Resident Card (Form I-688) 7. Unexpired Employment Authorization Card (Form I-688A) 8. Unexpired Reentry Permit (Form I-327) 9. Unexpired Refugee Travel Document (Form I-571) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B) 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. ID Card for use of Resident Citizen in the United States (Form I-179) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

EXHIBIT 4



TEL (212) 788-6900
FAX (212) 791-5266

THE COUNCIL
THE CITY OF NEW YORK
ADMINISTRATIVE SERVICES DIVISION
250 BROADWAY
NEW YORK, N.Y. 10007-2594

APPOINTMENT

TO: New York City Council
Administrative Services
250 Broadway – 16th Floor
New York, NY 10007

Date _____

Please make the following appointment to my staff:

Viola Runner

Name

[REDACTED]

Address

[REDACTED]

City, State

Zip

[REDACTED]

Social Security #

50,000

Salary

35

of Hours

dt: 06/2007

Sept 5th 2005

Effective Date

Viola Runner
Council Member (signature)

EXHIBIT 5

New York City Council Policy Against Employment Discrimination and Unlawful Harassment

April 19, 2007

The New York City Council (“Council”) is an equal opportunity employer, has a diverse workforce and is committed to ensuring fair employment practices. The Council is committed to a workplace free of employment discrimination and unlawful harassment. This policy prohibits decisions and practices that are based on an individual’s protected status that unlawfully affect employment, or the compensation, terms, conditions, or privileges of an individual’s employment or potential employment with the Council. It also prohibits unlawful harassment practices in the workplace.

This policy sets forth the scope of conduct, practices and decisions that are prohibited; the process for addressing allegations of employment discrimination or unlawful harassment; and how allegations of employment discrimination or unlawful harassment will be resolved.

This policy is consistent with the objectives and requirements of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as these laws have been amended, Presidential Executive Order 11246, the New York State Human Rights Law (Executive Law Sec. 290 *et seq.*) and state and local anti-discrimination laws.

I. Prohibited Discrimination and Harassment

A. Unlawful Employment Discrimination

Council personnel policies, practices and decisions, including but not limited to, recruitment, selection, hiring, compensation, social programs, work assignments, promotions, career development and advancement, transfers, discipline, discharge, or any other term or condition of employment, or application or selection process relating to employment, are to be established and administered without regard to race, color, creed, religion, national origin, alienage or citizenship status, gender, gender identity and expression, age, sexual orientation, domestic partnership status, disability or medical condition (including having or being perceived as having HIV/AIDS-related conditions), lawful occupation and ethical adherence thereto, arrest record, marital status, family status, genetic predisposition or carrier status, status as a victim of domestic violence, sex offenses, or stalking, military status, or for engaging in any protected equal employment opportunity activity.

For qualified individuals with disabilities, the Council follows a policy of making reasonable accommodations to enable such individuals to perform the essential functions of their positions. The Equal Employment Opportunity Counsel in the Office of the General Counsel shall determine what reasonable accommodations Council Members, managers and supervisors are responsible for providing for employees to perform essential job functions.

B. Unlawful Harassment

Unlawful harassment is defined as:

1. **Inappropriate Sexual Conduct:** Any unwanted or unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:
 - a) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
 - b) Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or
 - c) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. The conduct need not be a condition or requirement for continued employment, promotion or other tangible employee benefit.

2. **Creating a Sexually Offensive Working Environment:** Harassment shall also include the display or sharing of pictures, posters, calendars, graffiti, objects, promotional materials, reading materials, internet sites, e-mails, or other materials that are sexually explicit, sexually demeaning, or pornographic.

3. **Bias-Related Harassment:** Unlawful harassment includes behavior towards other Members or employees of the Council, constituents, vendors, visitors and/or any other individuals with whom the Member or employee interacts within his or her capacity, that is unwelcome, unsolicited and/or unwanted, which offends, humiliates, embarrasses, intimidates, or otherwise causes distress because of a person's race, color, creed, religion, national origin, alienage or citizenship status, gender, gender identity and expression, age, sexual orientation, domestic partnership status, disability or medical condition (including having or being perceived as having HIV/AIDS-related conditions), lawful occupation and ethical adherence thereto, arrest record, marital status, family status, genetic predisposition or carrier status, status as a victim of domestic violence, sex offenses, or stalking, military status, or for engaging in any protected equal employment opportunity activity. In addition, an employee who engages in conduct that would, if permitted to continue or escalate, violate the law or the Council's policies, is also subject to disciplinary or corrective measures, such as a warning letter and compulsory training.

Unlawful harassment does not include good faith employment actions taken by a supervisor or manager, such as offering constructive feedback and criticism, holding employees accountable, and providing discipline, where appropriate. These employment actions are aimed at enhancing workplace productivity and addressing work performance.

These actions are within the responsibilities and obligations of Council Members, supervisors and managers.

II. Coverage

The policy applies to all Members and employees of the City Council.¹

III. Prohibition on Retaliation

No Member or employee of the City Council shall be subject to any form of retaliation because they report, complain or, provide information, assistance and/or testimony related to any complaint of employment discrimination or unlawful harassment.

IV. Complaint Process

The following complaint process shall apply to any complaint of employment discrimination or unlawful harassment (hereinafter “discrimination or harassment”).

A. Fair Intervention Committee (FIC)

The Speaker shall appoint: (i) as counsel to the Fair Intervention Committee, a senior counsel in the Office of the General Counsel; and (ii) the following individuals to serve on the FIC:

1. A senior Human Resources employee in the Division of Administrative Services;
2. A senior counsel in the Office of the General Counsel (but not the counsel to the FIC nor his or her superior);
3. The Chief of Staff or a Deputy Chief of Staff to the Speaker;
4. The head of, or a senior investigator in, the Appointment Investigations Unit; and
5. A non-management employee from a Central Staff division.

The FIC shall be charged with investigating and substantiating reports of discrimination or harassment in accordance with Section V of this Policy. The names of the individuals serving on the Committee and its counsel shall be circulated to all Members and employees of the City Council.

¹ For the purpose of this policy, the term “employees” shall include all full-time and part-time employees, paid or unpaid employees, temporary employees, interns, and consultants to the City Council who work either on the central staff of the City Council or who work directly for a Member of the City Council.

B. Filing a Discrimination or Harassment Complaint

A Member or employee of the City Council who believes that he or she has been subjected to discrimination or harassment must immediately file a report with the counsel to, or a member of the FIC. The person alleging discrimination or harassment must complete a "Discrimination and Harassment Report Form," available on the City Council intra-net site, at the General Counsel's Office, in the Office of Administrative Services, and in common areas throughout the Council. The Form can be filed with the FIC by delivering it to the counsel to, or any member of the FIC by hand-delivery, U.S. Mail, interoffice mail, or by e-mail (using the Word version of the document as an attachment). If any Member or employee serving in a supervisory capacity receives a completed Discrimination and Harassment Report Form, such Member or supervisor must submit such report form to the counsel to, or any member of the FIC on the complainant's behalf using any of the filing procedures outlined above.

C. Complaint Review Process

The FIC will investigate every allegation of unlawful discrimination or harassment that it receives in accordance with Section V of this policy. Employees shall be authorized to meet with FIC members during work hours without informing their supervisors of the specific nature of the meeting. Supervisors may not deny an employee permission to attend a meeting with the FIC.

D. Confidentiality

All records and information relating to complaints or investigations of unlawful discrimination or harassment shall be kept confidential to the extent practicable. The City Council cannot guarantee complete confidentiality. All records and reports relating to any allegations of discrimination or harassment will be maintained by the EEO Counsel in the Office of the General Counsel.

E. Filing a Complaint of Discrimination or Harassment with a Federal, State or New York City Agency

When a Member or employee of the City Council files a report of discrimination or harassment with the FIC, the individual may simultaneously file charges of unlawful discrimination or harassment with the United States Equal Employment Opportunity Commission, the State of New York Division of Human Rights, and/or the New York City Commission on Human Rights Office, and may exercise any other rights to address the alleged unlawful employment discrimination or harassment under City, State or Federal law. This complaint review process will not affect the statute of limitations for any claim of discrimination or harassment under any federal, state, or local law.

V. Complaint Review, Resolution, and Remedies

The FIC will investigate every allegation of discrimination or harassment that it receives in accordance with this section. The investigation, fact-finding and resolution of a complaint will be different depending on whether the subject of the report is a Member, an employee of the Council central staff or an employee of a Council Member. Following the termination of any investigation, the counsel to the FIC will let the complainant know the outcome of the investigation, specifically, whether or not the charges were substantiated, and, if applicable, that appropriate disciplinary or corrective measures were taken.

A. Unlawful Discrimination or Harassment By Employees of the Council Central Staff

The FIC shall promptly investigate every allegation of unlawful discrimination or harassment it receives against an employee of the City Council. Where the FIC finds that a complaint does not constitute discrimination or harassment, the investigation will be closed. If the FIC determines that discrimination or harassment has occurred, it will recommend to the Speaker appropriate corrective measures to address past, present and future discrimination or harassment, as well as disciplinary measures ranging from required counseling or an oral warning, to suspension, demotion or discharge.

B. Discrimination or Harassment By Employees of a Council Member

The FIC shall promptly investigate every allegation of discrimination or harassment it receives against an employee of a Council Member. Where the FIC finds that a complaint does not constitute discrimination or harassment, the investigation will be closed. Because the Members of the Council employ individuals directly, if the FIC determines that an employee of a Member has violated this Policy, it will recommend remedial and disciplinary action to the Member and shall provide notice of such recommendations to the Speaker. The Member will promptly determine what action to take, and will notify the FIC of his or her decision. If the Member fails to take action to address the discrimination or harassment, the FIC shall refer the matter to the Committee on Standards and Ethics for further consideration.

C. Discrimination or Harassment by Members of the City Council

The FIC shall promptly initiate an investigation into every allegation of discrimination or harassment it receives against a Member of the Council. Where the FIC finds that a complaint does not constitute an allegation of discrimination or harassment, the investigation will be closed. If the FIC determines that a complaint does constitute an allegation of discrimination or harassment, it shall promptly investigate such allegations and present a confidential report to the Committee on Standards and Ethics, with a copy to the Speaker, containing such allegations, the Member's response to the allegations, and the evidence considered by the FIC. The FIC shall present the report to the Committee on Standards and Ethics in an Executive Session.

The Committee on Standards and Ethics shall review the report of the FIC. The Committee may, upon approval of the majority of its members, conduct further investigations and may call any witnesses to testify. The Committee may also determine at any point to retain outside counsel or to appoint an outside fact-finder to consider the allegations and the evidence.

The Committee on Standards and Ethics shall make a determination as to whether the allegations are founded or unfounded and will issue a final report containing findings of fact and, if appropriate, recommendations to the Speaker for appropriate action. If the final report recommends sanctions that require approval of the Council, the matter will be referred to the full Council.

The Committee on Standards and Ethics may ratify a FIC finding that a complaint against a Council Member did not constitute an allegation of discrimination or harassment, upon request of the Council Member who is the subject of the complaint.

VI. Training and Education

The City Council will provide all Members and employees of the Council with training and education on how to comply with this policy. Successful completion of the training program is mandatory for Council Members and is a condition of employment for all employees.